

Notice of Privacy Practices Insert for ILHIE Direct Secure Messaging System

To be used in conjunction with a Consent [if applicable] to disclose sensitive health information, such as mental health and developmental disabilities information, substance abuse treatment information and HIV/AIDS status ("Sensitive Health Information"). This insert presumes legal authority to otherwise disclose protected health information ("PHI") for treatment, payment or health care operation purposes.

[PROVIDER] also participates in the Illinois Health Information Exchange Direct Secure Messaging System ("ILHIE Direct"). ILHIE Direct facilitates the electronic exchange of health information among health care entities that participate in ILHIE Direct for patient treatment, payment, health care operations, and other legally-permissible purposes. ILHIE Direct does not house or store any clinical data; rather, it merely facilitates exchange of data among participating health care entities.

To the extent permitted by law, [PROVIDER] may disclose your PHI via ILHIE Direct to other health care entities who request that information, for permissible purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors' offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your health care services.

In those cases where your specific consent or authorization is required to disclose Sensitive Health Information to others, [PROVIDER] will not disclose that health information via ILHIE Direct to other health care entities participating in ILHIE Direct without first obtaining your written consent or authorization, as applicable. The consent or authorization provides you with the opportunity to share your Sensitive Health Information with other health care entities using ILHIE Direct. The consent or authorization will meet all requirements established by applicable Federal and State law, which may include the Federal Confidentiality of Alcohol and Drug Abuse Patient Records Regulations, 42 C.F.R. Part 2 ("Federal Regulations"), the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/5 ("IMHDDCA"), and the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. parts 160 and 164 ("HIPAA"). The use or disclosure of your Sensitive Health Information will be carried out in accordance with each of the applicable Federal or State laws. You may revoke your consent or authorization to the use or disclosure of your Sensitive Health Information in accordance with those applicable legal requirements.